Section 6.

Insurance

Health Insurance:

Person Insured:_____Medicare Claim # : _____
Health plan name and type: _____
Address:_____
Insurance # :_____Group # : _____
Local Rep. name:_____Telephone#:(   )_____
Address: _____

Email
Address:_____Website:_____
Cost of premium:_____Date due:_____Co-Pay Amt:_____
Rx coverage:_____Deductible:_____
Electronic claim crossover from Medicare? _____
Location of paperwork:_____

Person Insured:_____Medicare Claim # : _____
Health plan name and type: _____
Address:_____
Insurance # :_____Group # : _____
Local Rep. name:_____Telephone#:(   )_____
Address: _____

Email
Address:_____Website:_____
Cost of premium:_____Date due:_____Co-Pay Amt:_____
Rx coverage:_____Deductible:_____
Electronic claim crossover from Medicare? _____
Location of paperwork:_____

Person Insured:_____Medicare Claim # : _____
Health plan name and type: _____
Address:_____
Insurance # :_____Group # : _____
Local Rep. name:_____Telephone#:(   )_____
Address: _____

Email
Address:_____Website:_____
Cost of premium:_____Date due:_____Co-Pay Amt:_____
Rx coverage:_____Deductible:_____
Electronic claim crossover from Medicare? _____
Location of paperwork:_____

Long-term Care Insurance:

Person insured:_____
Company Name: _____
Address: _____

_____
Telephone #:(   )_____Policy # _____
Local Representative Name: _____
Telephone #:(   )_____FAX #:( )_____
Address:_____
Email Address:_____Website:_____
Cost of Premium:_____Date Due: _____
Deductibles/Exclusions: _____

_____
Location of Policy: _____

Person insured:_____
Company Name: _____
Address: _____

_____
Telephone #:(   )_____Policy # _____
Local Representative Name: _____
Telephone #:(   )_____FAX #:( )_____
Address:_____
Email Address:_____Website:_____
Cost of Premium:_____Date Due: _____
Deductibles/Exclusions: _____

_____
Location of Policy: _____

Dental Insurance:

Person insured: _____
Company Name: _____
Address: _____

_____
Telephone #:(   )_____Policy # _____
Local Representative Name: _____
Telephone #:(   )_____FAX #:( )_____
Address:_____
Email Address:_____Website:_____
Cost of Premium:_____Date Due: _____
Deductibles/Exclusions: _____

_____
Location of Policy: _____

Long Term Disability Insurance:

Name of Insured:_____Policy # _____

Company Name:_____Telephone #:( )_____

Address: _____

_____

Local Representative Name: _____

Telephone#:(   )_____Premium Amt:_____Date Due: _____

Email Address:_____Website:_____

Location of Policy: _____

Name of Insured:_____Policy # _____

Company Name:_____Telephone #:(   )_____

Address: _____

_____

Local Representative Name: _____

Telephone#:(   )_____Premium Amt:_____Date Due: _____

Email Address:_____Website:_____

Location of Policy: _____

Life Insurance:

Name of Insured:_____Amount:_____Policy #:_____

Name of Company:_____

Telephone#: (   )_____Address: _____

_____

Local Rep. Name: _____

Telephone#: (   )_____Address: _____

_____

Email
Address:_____Website:_____

Beneficiary(ies):_____

Email Address:_____Email Address:_____

Policy Owner:_____Premium Amount: _____

Cash Value:_____Date Premiums Due: _____

Loans on Policy: _____

Location of Policy: _____

Name of Insured:_____Amount:_____Policy #:_____

Name of Company:_____

Telephone#: (_____)_____Address: _____

_____

Local Rep. Name: _____

Telephone#: (_____)_____Address: _____

_____

Email
Address:_____Website:_____

Beneficiary(ies):_____

Email Address:_____Email Address:_____

Policy Owner:_____Premium Amount: _____

Cash Value:_____Date Premiums Due: _____

Loans on Policy: _____

Location of Policy: _____

Name of Insured: _____Amount:_____Policy #:_____

Name of Company:_____

Telephone#: (_____)_____Address: _____

_____

Local Rep. Name: _____

Telephone#: (_____)_____Address: _____

_____

Email
Address:_____Website:_____

Beneficiary(ies):_____

Email Address:_____Email Address:_____

Policy Owner:_____Premium Amount: _____

Cash Value:_____Date Premiums Due: _____

Loans on Policy: _____

Location of Policy: _____

Name of Insured:_____Amount:_____Policy #:_____

Name of Company:_____

Telephone#: (_____)_____Address: _____

_____

Local Rep. Name: _____

Telephone#: (_____)_____Address: _____

_____

Email
Address:_____Website:_____

Beneficiary(ies):_____

Email Address:_____Email Address:_____

Policy Owner:_____Premium Amount: _____

Cash Value:_____Date Premiums Due: _____

Loans on Policy: _____

Location of Policy: _____

House Insurance/Renters Insurance :

Address of Property Insured:_____
Company:_____Policy #: _____
Telephone#: (   )_____Address: _____
_____ Rental: □ YES □ NO
Local Rep. name:_____Telephone #: (   )_____
Address: _____
Email Address:_____Deductible:_____
Premium Amount: _____ Date Due: _____ Coverage Limit:_____

Umbrella Policy: □ Yes □ No
Company:_____Policy #: _____
Telephone#: (   )_____Address:_____
Local Rep. name:_____Telephone #: ( ) _____
Address: _____
Email Address:_____Deductible:_____
Premium Amount: _____ Date Due: _____ Coverage Limit:_____

Flood insurance: □ Yes □ No
Company:_____Policy #: _____
Telephone#: (   )_____Address:_____
Email Address:_____Deductible:_____
Premium Amount:_____Date Due: _____

Earthquake insurance: □ Yes □ No
Company:_____Policy #: _____
Telephone#: (   )_____Address:_____
Email Address:_____Deductible:_____
Premium Amount:_____Date Due: _____
Location of Policies: _____

Address of Property Insured:_____
Company:_____Policy #: _____
Telephone#: (   )_____Address: _____
_____ Rental: □ YES □ NO
Local Rep. name:_____Telephone #: (   )_____
Address: _____
Email Address:_____Deductible:_____
Premium Amount: _____ Date Due: _____ Coverage Limit:_____

Umbrella Policy: □ Yes □ No
Company:_____Policy #: _____
Telephone#: (   )_____Address:_____
Local Rep. name:_____Telephone #: ( ) _____
Address: _____

Email Address:_____Deductible_____

Premium Amount: _____Date Due: _____

____Flood insurance: □ Yes □ No

Company:_____Policy #: _____

Telephone#: (   )_____Address:_____

Email Address:_____Deductible:_____

Premium Amount:_____Date Due: _____

Earthquake insurance: □ Yes □ No

Company:_____Policy #: _____

Telephone#: (   )_____Address:_____

Email Address:_____Deductible:_____

Premium Amount:_____Date Due: _____

Location of Policies: _____

Other Types of Insurance:

Item Insured:_____

Company:_____Policy #: _____

Telephone#: (   )_____Address:_____

Local Rep. name:_____Telephone #: ( ) _____

Address:_____

Email Address:_____Deductible:_____

Premium Amount: _____ Date Due: _____ Coverage Limit:_____

Item Insured:_____

Company:_____Policy #: _____

Telephone#: (   )_____Address:_____

Local Rep. name:_____Telephone #: ( ) _____

Address:_____

Email Address:_____Deductible:_____

Premium Amount: _____ Date due_____ Coverage Limit:_____